200703130112
Skagit County Auditor
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Return Address:
Thomas Lee Brown
PO Box 11166
Mt. Vernon, WA 98273-11166

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____
Grantor(s) (Owner): (1) Holt, Shelly D (2) Holt, Rick Add'l. on pg ____
Grantee(s) (Claimants): (1) Mt. Vernon Carpet Center (2) _____ Add'l. on pg ____
Legal Description (abbreviated): Lot 10-12, Samish River Acreage Add'l. legal is on page ____
Assessor's Property Tax Parcel /Account # 3989-001-012-0409

Mt. Vernon Carpet Center
Claimant
vs.
Shelly D. Holt
Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Mt. Vernon Carpet Center (Tom Brown)
TELEPHONE NUMBER (360) 336-6533 ADDRESS: 400 W. Fir, Mt. Vernon, WA 98273

2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Dec. 14, 2006

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelly D. Holt

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 9429 Avon Allen
Lot 10-12, Samish River Acreage Bow, WA 98232

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Shelly D. Holt
TELEPHONE NUMBER: (360) 757-2844 ADDRESS: _____

6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: Dec. 14, 2007

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $584.36

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Claimant

Thomas Lee Brown

Print or Type Name

~~400 W. Fir~~ Mt. Vernon Carpet Center

Address

400 W Fir, Mt. Vernon, WA 98273

(360) 336-6533

Telephone Number

STATE OF WASHINGTON }
} ss.
County of _____ }

Thomas Lee Brown, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Signed and sworn to before me on this 13th day of March, 2007.

DANIELLE SOREN
COMMISSION EXPIRES
NOTARY
PUBLIC
9-3-2009
STATE OF WASHINGTON

Danielle Soren

Print Name Danielle Soren

Notary Public in and for the State of Washington

My appointment expires: 9-3-2009

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

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